



2019-2020

2 TIER ANCHOR BRONZE PLAN BENEFIT SUMMARY

In accordance with requirements of the Affordable Care Act.

Attention Lucia Mar Employees:

Part-time (less than 4 hours), Certificated and Classified **Substitutes** are eligible to sign up for the 2 Tier Anchor Bronze Plan. The full cost of the plan will be the employee's responsibility; no District contribution will be available for this group. Premiums will be paid 12 times per year and cannot be deducted from your payroll. See payment agreement for options provided for your convenience.

Features of the plan include:

- ◆ This plan is HSA compatible. Members are allowed to make pre-tax deferrals into a Health Savings Account at a financial institution of your choice, with unlimited year to year carryover.
- ◆ Prescriptions are subject to the deductible, \$5,000 before the designated prescription co-pays apply.
- ◆ This plan covers a single employee OR the employee + child(ren) ONLY - Spouses are NOT eligible on this plan.
- ◆ Premiums are on a two-tier structure of "single" (employee) or employee + child(ren).
- ◆ The plan year runs October 1 - September 30, but deductibles and OOP maximums reset on a calendar-year basis.
- ◆ Office visit co-pays are subject to the deductible of \$5,000. After the deductible has been met, the plan pays at 70%. Once the OOP of \$6,350 is met, the plan will pay at 100% for the remainder of the calendar year.
- ◆ Costco provides a \$0 generic co-pay at their walk-in pharmacy (membership not required). The deductible must be met before the \$0 co-pay will be applied.

DID YOU KNOW??

Insurance industry standards (not the District, SISC, nor Anthem independently) require that:

- * When one holds their own insurance plan as well as coverage under a spouse, the plan issued directly to them is **ALWAYS** that person's primary coverage; the spouse's coverage must be used as the secondary coverage. Use of a spouse's plan in lieu of your own to obtain a better, or more convenient, benefit is considered fraudulent and could be subject to audit by Anthem and/or the other provider resulting in back-charges due by you for any services incorrectly paid by the plan.
- * When children are covered by both parents, the parent with the first birthday of the calendar year (not by age) is the primary coverage provider for the children; the other is the secondary coverage - you may not choose which order to apply the plans. Keep this in mind when selecting your plan to assure your children are covered most efficiently between the two plans. If the parent with the later birthday can provide better coverage for the children and you wish to make that their primary coverage, the first birthday parent must not cover them.

QUESTIONS OR CONCERNS? PLEASE CONTACT ANASTACIA MALM

805-474-3000 x1192 or anastacia.malm@lmsd.org



2 TIER ANCHOR BRONZE PPO PLAN (70726B)

Offer for Part-time (4 hours or less), Substitutes & Coaches (receiving a stipend)

With the assistance of Self-Insured Schools of California (SISC), LMUSD is offering a plan in accordance with the Affordable Care Act effective 10/01/14. You are receiving this notice because our records indicate you fall within eligibility parameters. Enrollment in the plan is not required; however, in order to meet strict compliance requirements, you must return this form acknowledging receipt of the information providing the *opportunity* to enroll. If you wish to enroll please obtain enrollment paperwork from Human Resources.

ELIGIBILITY - All Certificated/Classified substitutes or coaches (receiving a stipend) or employees holding one or more positions totaling 3 hours per day, five days per week are eligible to opt-in to this plan. Those opting in may elect a coverage level of employee or employee + child(ren); **spouses, domestic partners and retirees may not be added.**

ENROLLMENT - Participation in the Bronze plan is voluntary. The plan year runs October 1 - September 30. Current staff and active subs eligible for the plan will be provided with a designated open enrollment period each year in which they may opt-in or out of the Bronze plan for the following plan year. If enrollment is elected, the employee must complete an enrollment form, provide required documentation (birth certificate) if enrolling dependent children, sign a payment agreement and remit the first premium payment due by the 20th of the month prior to the first coverage month. Those that choose to opt-out will be required to wait until the following year's open enrollment for the next opportunity to enroll. Newly-hired staff/subs falling within eligibility parameters of the plan will be provided the opportunity to

2 TIER ANCHOR BRONZE (70726B)

Monthly Premium

You Pay (10thly)

EMPLOYEE ONLY	\$688.80
EMPLOYEE + CHILD	\$1082.40
EMPLOYEE + CHILDREN.	\$1082.40

70% ANTHEM BLUE CROSS PPO PLAN (GROUP #70308B)

Medical & Prescription Deductible	\$5,000 indiv / \$10,000 fam
Calendar Year Out Of Pocket Max	\$6,350 indiv / \$12,700 fam
Office visit co-pay	Subject to Deductible. 30% <u>AFTER deductible is met</u>
Prescriptions (generic / brand name)	\$9 / \$35 <u>AFTER deductible is met</u>